



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150065

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$73331236
Outpatient Patient Service Revenue	\$198970871
Total Gross Patient Service Revenue	\$272302107

#### 2. Deductions From Revenue

Contractual Allowance	\$132524007
Other Deductions	\$5816113
Total Deductions	\$138340120

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$133961990
Other Operating Revenue	\$3832981
Total Operating Revenue	\$137794971

#### 4. Operating Expenses

Salaries and Wages	\$44793623	Employee Benefits	\$13602912
Depreciation and Amortization	\$8400835	Interest Expense	\$2032071
Bad Debt	\$17989851	Other Expenses	\$39399394
Total Operating Expenses	\$126218686		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11576285	Total Assets	\$253360138
Net Non-operating Gains over Loss	\$5453958	Total Liabilities	\$73783392
Total Net Gains	\$17030243		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$106934977	\$62468141	\$44466836
Medicaid	\$33155391	\$19549634	\$13605757
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$132211739	\$56322345	\$75889394
Total	\$272302107	\$138340120	\$133961987

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$462517.57	\$19730.39	\$442787.18

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$15824	\$-15824
Community Education	\$104964	\$68272.55	\$36691.45

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	3058
Number of Citizens Exposed to Health Education Messages	393780

### Statement Six: Charity Statement

Hospital Charity Charges	\$4803757
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1740401	
HCI Payments	\$0		
Subtotal	\$0	\$1740401	\$-1740401
Medicaid Shortfalls	\$4038756	\$6440674	
Subtotal	\$4038756	\$8181075	\$-4142319
DSH Payments	\$0		
Subtotal	\$4038756	\$8181075	\$-4142319
Medicare Shortfalls	\$21586936	\$27100652	
Other Government Programs	\$0	\$0	
Total	\$25625692	\$35281727	\$-9656035

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$5265422	\$6359136	\$-1093714